



**Kansas Department of Health and Environment  
Division of Environment  
Bureau of Air and Radiation**

**ROCK AND AGGREGATE CRUSHERS**

- 1) Source ID Number: \_\_\_\_\_
- 2) Company/Source Name: \_\_\_\_\_
- 3) Normal Operating Schedule: \_\_\_\_\_ hrs/yr
- 4) Type of Plant: Portable \_\_\_\_\_; Stationary \_\_\_\_\_
- 5) Annual Production: \_\_\_\_\_ tons/yr

6) Complete for the following equipment to added to the equipment list:

Type* of Equipment**	Manufacturer	Maximum Rated Capacity (tons, size)	Date of Manufacturer (or most recent modification)	Model No.	Serial No.	Company ID Number

\*Crushers, Screens, Elevators, Belt Conveyors, Bins, etc.

\*\*If the equipment to be added is a crusher, please indicate type of crusher – grizzly, primary, secondary, tertiary, recrusher, or a fines mill.

## ROCK AND AGGREGATE CRUSHERS

(cont.)

- 7) Did construction, modification, or reconstruction commence after August 31, 1983 for a Nonmetallic Mineral Processing Plant? Yes \_\_\_\_\_; No \_\_\_\_\_

If yes, this plant may be subject to NSPS, 40 CFR Part 60, Subpart OOO.

- 8) Will process equipment be used at a site authorized under the General Class II Air Source Emission Air Operating Permit for Crushed and Broken Stone facilities? Yes \_\_\_\_\_; No \_\_\_\_\_ If yes, indicate the following:

Piece of Equipment \_\_\_\_\_ and initial site ID #: \_\_\_\_\_

Piece of Equipment \_\_\_\_\_ and initial site ID #: \_\_\_\_\_

Piece of Equipment \_\_\_\_\_ and initial site ID #: \_\_\_\_\_

### NOTES:

1. Indicate any equipment which is enclosed in a building.
2. If a dust collection system is installed, provide a sketch showing layout of dust collector points and routing of ductwork to dust collector(s).
3. Please include a diagram showing the typical flow of rock through the new equipment.